

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: FOREST HAVEN (0010438)

Address: 1500 10TH STREET WEST, ASHLAND, WI 54806

License Status: REGULAR

Licensed/Certified/Registered 06/01/2004

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096488 **End Date:** 02/14/2006 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009521 Served 03/11/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.14(1)(a)	CLIENT RELATED TRAINING		
83.14(7)(b)	CONTINUING EDUCATION		
83.14(8)	DOCUMENTATION		
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Survey ID: 0094917 End Date: 04/19/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009410 Served 05/27/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.15(1)(a)	STAFFING PATTERNS	02/14/2006	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	02/14/2006	Yes
83.33(2)(a)	SUPERVISION	02/14/2006	Yes

Survey ID: 0092371 End Date: 03/12/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009252 Served 04/20/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/19/2005	Yes

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Enforcement History

Date: 03/08/2006 SOD #10009521 Appealed: No

Sanctions

FORFEITURE---83.14(1)(a)
FORFEITURE---83.14(7)(b)
FORFEITURE---83.14(8)

Date: 05/24/2005 SOD #10009410 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.15(1)(a)
FORFEITURE---83.32(2)(a)5
FORFEITURE---83.33(2)(a)

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Complaint History

Date Complaint Received: 10/17/2005

Date Investigation Completed: 02/07/2006

Subject Area(s)
STAFF ADEQUACY
PROGRAM SERVICES

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

10009521

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